

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10593118

Filing Date

Applicant(s) **Paul Cochran**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3			1			
4				1		
5				1		
6				1		
7			1			
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50						
Total Indep.	0		3		0	
Total Depend	0	↙	7	↙	0	↙
Total Claims	0		10		0	

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	Indep	Depend	Indep	Depend	Indep	Depend
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